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DATE:

July 11, 2005

TO:

Amendment

Commissioner for Patents

ATTN:

**Examiner: Duc Duong** 

**Art Unit: 2663** 

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FAX NUMBER: (703) 872-9306

FROM:

Roberta A. Young, Attorney for Applicant

Registration No. 53,818

Total Number of Pages Sent: 16

(including this transmittal cover sheet)

### FILING BY FACSIMILE:

#### ATTORNEY DOCKET NO.: 010498

#### **ENCLOSED ARE:**

Amendment (13 pages)

Transmittal (in duplicate)

# BEST AVAILABLE COPY

APPLICANT: Raymond Hsu

ASSIGNEE: QUALCOMM Incorporated

SERIAL NO.: 09/933,639 **FILED: August 20, 2001** 

FOR: Method and Apparatus for Transmission Framing in a Wireless Communication System

Please contact Sheryl Schoen at (858) 658-5102 if all pages do not transmit.

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F-150

PTO/SB/21

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## AMENDMENT TRANSMITTAL FORM

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Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Customer No.: 23696 Attorney Docket No.: 010498 In Re Application of: Ramond Hsn Serial Number: 09/933,639

JUL 1 1 2005

Filed: August 20, 2001 Examiner: Duc Duong Group Art Unit: 2663

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Pa For	I	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	15	15		0	x \$50 =	\$0.00
Independent**	7	7		0	x \$200 =	\$0.00
Multiple Depend	dent Claim(s):	Yes 🛭 No			\$360	\$0.00
			CO D	e Month	\$120	\$120.00
EX	TENSION FEES		] Tw	o Months	\$450 \$0.00	
			Th	ree Months	\$1020	\$0.00
	TERMINAL	DISCLAIMER		====	\$130	\$0.00
	lumn a is less than 20, e olumn a is less than 3, c				TOTAL FEE	\$120.00
6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.  Date: July 11, 2005  Signature: Roberta A. Young, Reg No. 53,318  QUALCOMM Incorporated Attn: Patent Department  5775 Morchouse Drive  San Diego, California 92121-1714  Telephone: (858) 658-5787  Facsimile: (858) 658-2502						
CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))  I hereby certify that this correspondence is, on the date shown below, being:						
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#### AMENDMENT TRANSMITTAL FORM

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Mail Stop Amendment **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

Customer No.: 23696 Attorney Docket No.: 010498

In Re Application of: Ramond Had Serial Number: 09/933,639

Filed: August 20, 2001 Examiner: Duc Duong Group Art Unit: 2663

JUL 1 1 2005 UPLICATE

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Independent**	7	7	0	x \$200 =	\$0.00
Multiple Depend	lcnt Claim(s):	Yes 🛛 No		\$360	\$0.00
EXTENSION FEES			e Month	\$120	\$120.00
			o Months	\$450	\$0.00
			ree Months	\$1020	\$0.00
TERMINAL DISCLAIMER				\$130	\$0.00
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.				TOTAL FEE	\$120.00

4. Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.

5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$120.00. The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.

6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Signature:

į	
QUALCOMM Incorporated	
Atm: Patent Department	

Date: July 11, 2005

5775 Morehouse Drive San Diego, California 92121-1714 Telephone: (858) 658-5787

Facsimile:

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Roberta A. Young, Regl No. 53,818

(858) 658-5803

transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Sheryl Schoen

(type or print name)